



State of Utah
Department of Human Resource Management
FITNESS FOR DUTY CERTIFICATION AND
NOTICE OF INTENT TO RETURN TO WORK

You are required to provide this fitness for duty certification and intent to return to work to the health care provider who is knowledgeable regarding your reason for using FMLA. Submit the completed form to your supervisor within at least two business days prior to your return to work. Your supervisor will then forward this form to human resources to be placed in your medical file.

Employee Name: _____ EIN: _____
Department: _____ Division: _____
Supervisor: _____
Date Leave Began: _____ Expected Date of Return: _____

TO BE COMPLETED ONLY BY THE HEALTH CARE PROVIDER

I have reviewed a job description, performance plan, or other written description of the above named patient's job duties. Yes No

I have examined the above named patient and certify that s/he is able to resume working:
___ Full-time, or
___ Less than full-time

Date patient is able to return to work: _____

___ The patient can return to work with no restrictions.

OR

___ The patient can return to work with the following time, duty, or other restrictions:

Expected duration of the restrictions:

Signature of Health Care Provider

Type of practice/specialty

Date

Telephone number